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Bib Data Sheet

CONFIRMATION NO. 9785

|   |  |                               |   |   |
|---|--|-------------------------------|---|---|
| <b>SERIAL NUMBER</b><br>10/017,653  | <b>FILING DATE</b><br>12/12/2001<br><b>RULE</b>  | <b>CLASS</b><br>370           | <b>GROUP ART UNIT</b><br>2663   | <b>ATTORNEY DOCKET NO.</b><br>980.2USC1 |
| <b>APPLICANTS</b><br>Robert J. Koziy, Burnsville, MN;<br>Gregory C. Pfeiffer, Bloomington, MN;<br>Leah E. Danzinger, Minnetonka, MN;<br>John C. Keller, Minneapolis, MN;<br>Eric Kar-Wing Sit, Eden Prairie, MN;  |  |                               |   |   |
| <b>** CONTINUING DATA *****</b><br>THIS APPLICATION IS A CON OF 08/972,159 11/17/1997   |  |                               |   |   |
| <b>** FOREIGN APPLICATIONS *****</b>  |  |                               |   |   |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br>** 01/11/2002   |  |                               |   |   |
| Foreign Priority claimed<br><input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged | <input type="checkbox"/> yes <input type="checkbox"/> no<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Examiner's Signature _____ Initials _____ | <b>STATE OR COUNTRY</b><br>MN | <b>SHEETS DRAWING</b><br>31   | <b>TOTAL CLAIMS</b><br>32               |
| <b>INDEPENDENT CLAIMS</b><br>2  |  |                               |   |   |
| <b>ADDRESS</b><br>Mark A. Hollingsworth<br>Altera Law Group<br>Suite 100<br>6500 City West Parkway<br>Minneapolis ,MN 55344-7701  |  |                               |   |   |
| <b>TITLE</b><br>System and method for electronically identifying connections of a cross-connect system  |  |                               |   |   |
| <b>FILING FEE RECEIVED</b><br>956   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following:  |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |